	NT APPLICATION FEE   Substitute for Fo	VIIII P. 10-878		Aphoalio	h or backel Number
	CLAIMS AS FILED - PART (Column 1)	(Column 2)	SMALL ENTI	TY QR	OTHER THAN
BASIO FEE	NUMBER FILED :	NUMBER EXTRA	i inite		SMALL ENTITY
(37 CFR 1.16(a))	- 00				RATE FEE
(37 CFR 1.18(o))	38 minus 20 =	18	XI = 7	OR	1770
(37 CFR 1.16(b))	3 minus 3 =		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR	18= 324
MULTIPLE DEPENDENT C	LAIMPREBENT . (37 CFR 1.18)	(d)).		OR X	\$=
1 .	n 1 is less than zero, enter "O" in col		1+1	OR +	=
1			TOTAL .	OR	TOTAL
	IS AS AMENDED - PART II	1	****	•	
1	Olumn 1) (Column		SMALL ENTITY	· · OR	OTHER THAN
11.1.1.1.00	MAINING NUMBER	PRESENT	2470	<del>/</del>	SMALL ENTITY
Total AME	NOMENT PAID FOR	LY EXTRA	NON.	1: 1 '	RATE ADDI-
O 131 CFR 1.16(c))	31 Minus 38	= /3	X :	—	FEE
Total  (J) Fra (Lis(c))  Independent (J) Fra (Lis(b))	5. Minus 3	9	×		50 = 650
THE PRESENTATION	F MULTIPLE DEPENDENT CLAIM (37	GFR 1.10(U))	/,	7 1 <del></del>	200 400
•			TOTAL ADO'L FEE	OR TOT	AL
	mn () (Column 2)	(Column ))		OR ADD	1. FEE 2050
REM	HING HUMBER	PRESENT EXTRA	BATE ADDI	7 -	
Total AMEN	DMENT PAID FOR	EXINA .	FEE	R/	ACIDI- TIONAL
AFT Total AMEN  10 crn 1.16(a) 10 crn 1.16(b)  10 crn 1.16(b)	Minus 5/	12.1	× 1	OR X	FEE
FIRST PRESENTATION OF			x ;	1	00)
1 Servicitor	HULTIPLE DEPENDENT GLAIM (37 C	·	1	OR +.	ACT CO
			OTAL .	TOTAL	
(Colum:	1S   Wolfens	(Column 3)		OR ADDE	ree L
REMAIN	NUMBER	PRESENT EXTRA	RATE ADDI-		
Total (	PAID FOR	- Chiny	TIONAL	RAT	TIONAL
Independent	Minus		\$ <u></u>	OR X.1	FEE
		- X	=	OR X :	
THE SENTATION OF ME	LTIPLE DEPENDENT.CLAIM (37 CFR	· · · · · · · · · · · · · · · · · · ·		OR +	==
If the entry in column the te		40	TAL:	TOTAL	==-
ii ine minnaei klumba, a	is then the entry in column 2, write ously Paid For IN THIS SPACE is ously Paid For IN THIS SPACE is I taly Paid For (Total or Independen	IASC (hon 20 ania-to-		OR ADD'L FE	ie
A THE LANGE PLAN	ously Paid For IN THIS:SPACE is I isly Paid For" (Total or Independen lited by 37 CFR 1.16. The Informa-	and the 20, either 20	' •	• • • • • • • • • • • • • • • • • • • •	, I

USPTO Indudir on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SELIO FEES OR COMPLETED FORMS TO THIS